



STATE OF DELAWARE
DEPARTMENT OF FINANCE
DIVISION OF ACCOUNTING

820 SILVER LAKE BOULEVARD
SECOND FLOOR, SUITE 200, (D570C)
DOVER, DELAWARE 19904

FAX: (302) 739-1200

TELEPHONE: (302) 672-5500

MEMORANDUM

#08-02

TO: All Department and School Fiscal Officers

FROM: Trisha L. Neely, Director

DATE: July 06, 2007

SUBJECT: I. MONTHLY DFMS CLOSE-OUT SCHEDULE FOR FY 08
II. STATE ORGANIZATION RECONCILIATIONS

I. MONTHLY DFMS CLOSE-OUT SCHEDULE

The following is being provided to assist you in the timing of the monthly DFMS close.

Documents received and processed by the Division of Accounting through the dates listed below will be included in the processing for the month indicated, providing the document transaction date is that month. Documents processed with a transaction date of the new month will be included in the new month.

To help in your monthly reconciliation, documents not received by the Division of Accounting by 10:00 a.m. on the below Document Due Dates, should be entered with a document "transaction date" of the following month - with the exception of the CR document.

FY 08 CUT-OFF DATES

<u>Month</u>	<u>Document Due Date</u>	<u>Last Day of Processing</u>
Jul	07-31-07	08-03-07
Aug	08-31-07	09-05-07
Sep	09-28-07	10-03-07
Oct	10-31-07	11-02-07
Nov	11-30-07	12-05-07
Dec	12-31-07	01-03-08
Jan	01-31-08	02-05-08
Feb	02-29-08	03-05-08
Mar	03-31-08	04-03-08
Apr	04-30-08	05-02-08
May	05-30-08	06-04-08
Jun	06-30-08	07-03-08

AGAIN NOTE: Documents processed in the first workdays in the new month, as shown above, that have a transaction date of the previous month, will be included in the previous month's budgetary activity and other monthly reports.

NOTE: Under normal monthly close-out procedures, in accordance with the above schedule, your monthly reports should be in the mail by the 6th work day of the new month.

II. STATE ORGANIZATION MONTHLY CERTIFICATION OF INTERNAL CONTROLS

Accounting Memo 04-14, DFMS Monthly Reconciliations and Internal Controls cover the reporting responsibilities of all State organizations. *A **Monthly Certification of Internal Controls** is required to be submitted to this office by the 15th calendar day of each month (attached).*

State organizations are required to reconcile and monitor all transactions and accounts throughout the fiscal year. Discrepancies must be reported to your Division of Accounting State Accountant as soon as the discrepancy is known.

TLN:eed

cc: Sharen Green, DTI
Henry Greene, DTI
Debbie Hayman, DTI
Lisa Embert, Office of the Treasurer
Nancy Clark, Office of the Treasurer

MEMORANDUM

TO: Director
Division of Accounting
820 Silver Lake Boulevard, Suite 200
Dover, DE 19904
D570C

FROM:

DEPARTMENT:

DIVISION(S):

DATE:

SUBJECT: **Monthly Certification of Internal Controls**

I certify to the best of my knowledge and belief, that for _____Month/Year_____:

1. There were no deficiencies that arose which could adversely affect this agency's ability to record, process, summarize and report financial data and we have identified no material weakness in internal controls.
2. The transactions have been properly reviewed and authorized prior to processing to ensure the proper delivery and receipt of goods/services.
3. Appropriations reflect accurate charges and all discrepancies identified have been corrected.

SIGNED: _____
Chief Financial Officer

Enclosure